

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 20, 1999 8:00 am**  
**Secretary of State**

08-20-1999 90004 037 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P21910**

1. Corporation Name

**GORDON PAGE ASSOCIATES, INC.**

Principal Place of Business

777 GLOUCESTER STREET  
SUITE 401  
BRUNSWICK GE 31520  
US

Mailing Address

777 GLOUCESTER ST., SUITE 401  
P.O. BOX 1396  
BRUNSWICK GA 31521

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1988

4. FEI Number

58-1822277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**DILLER, STEPHEN C.W.**  
**7236 STATE ROAD 52**  
**SUITE 10**  
**HUDSON FL 34667**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE

NAME **DILLER, STEPHEN C.W.**

STREET ADDRESS **9870 LAKEVIEW DR**

CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE **AS** ☐ DELETE

NAME **BISHOP, JAMES A.**

STREET ADDRESS **777 GLOUCESTER ST. S.401**

CITY-ST-ZIP **BRUNSWICK GA**

TITLE **PD** ☐ DELETE

NAME **PAGE L.A.**

STREET ADDRESS **531 ANCLOTE ROAD C-12**

CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VPD** ☐ DELETE

NAME **PAGE, L.E.**

STREET ADDRESS **531 ANCLOTE ROAD C-12**

CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ DELETE

NAME **PAGE, T.W.**

STREET ADDRESS **531 ANCLOTE ROAD C-12**

CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jama A. Bishop, Asst. Sec.**

**8/19/99 (912) 264-2390**

CR2E034 (5/99)